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Asthma's negative impact on health, quality of life, and the economy in Indiana continues to grow. Controlling asthma takes a team approach. The person with asthma, their loved ones, and his/her health care provider must all work together to successfully control this disease. For young children, parents and teachers also play an important role.

Taking Control of Asthma

A written asthma action plan can be an effective tool to help patients self manage their disease. According to the Expert Panel Report 3 (EPR-3) Guidelines for the Diagnosis and Management of Asthma, an asthma action plan should include information on the daily management of asthma (i.e. long-term control medication, if appropriate, and environmental control measures) and what to do if asthma symptoms worsen. For example, signs, symptoms, and PEF measures that asthma is getting worse and medications to take for worsening asthma that needs immediate medical care. Patients with moderate or severe persistent asthma, a history of severe exacerbations, or poorly controlled asthma should have a written plan.

Examples of asthma action plans are available in the EPR-3. Health care providers should encourage asthma patients to have their asthma action plans accessible to them at all times. Also, copies of the written plan should be provided to school personnel or early child care providers (i.e. daycare, home care, and ministry staff) who interact with children who have asthma.

Taking Medications

To control persistent asthma in both children and adults, long-term control medications should be taken daily on a long-term basis. According to the EPR-3, inhaled corticosteroids (ICS) are the most powerful and effective medication for the long-term control of asthma. ICSs reduce inflammation in the airways. Patients taking ICSs may experience a reduction in severity of symptoms, improvement in asthma control, improvement in peak expiratory flow (PEF) and spirometry, and the prevention of exacerbations. The side effects of ICSs tend to be less than oral systemic corticosteroids. ICSs at the recommended dosage are safe, too.

Avoiding Triggers

Allergens and irritants to which asthma patients are sensitive can cause asthma symptoms and/or exacerbations. For this reason, the EPR-3 recommends that health care providers determine the effect allergens (especially inhalant allergens) and irritants have on patients. If asthma patients are found to be sensitive, they should be advised on how to reduce their exposure to the allergen and/or irritant. The EPR-3 provides recommended control measures and other actions patients can take to reduce their exposure to animals, dust mites, cockroaches, mold, environmental tobacco smoke, and indoor/outdoor pollution. For allergens, a multifaceted, comprehensive approach is recommended. Single steps alone have been found not to be effective.

For additional information, review the National Asthma Education and Prevention Program's Expert Panel Report 3 (EPR-3) Guidelines for the Diagnosis and Management of Asthma

(<http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf>)